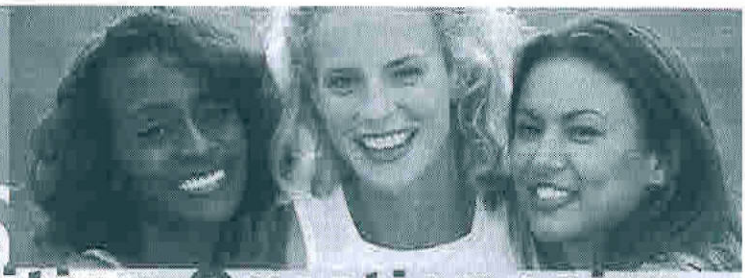
WIC Women Infants & Children



Women's Nutrition Questionnaire

Name: _____

Date of Birth: _____

ENERGY AND NUTRIENTS *(PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)*		POSSIBLE RISK ASSIGNMENT
1. If you are pregnant, how much weight do you think you should gain during this pregnancy? If you are postpartum, how much weight do you think you need to lose if any?		427
2. How do you feel about your weight change?	☐ Too little ☐ Okay ☐ Too much	427
3. How is your appetite?	☐ Poor ☐ Fair ☐ Good ☐ Excellent	427.2
4. How many meals and snacks do you eat each day?		427.2
5. Are there any foods or food groups that you do not think you eat enough of, if yes, what foods?		427
6. How often do you eat fast food or at a restaurant?		427
FOOD GROUPS *(PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)*		
1. Do you drink milk, if yes, what kind?	☐ Skim ☐ 1% ☐ 2% ☐ Whole ☐ Lactaid ☐ Soy Milk ☐ Rice Milk ☐ Other _____	427 427.5
2. Do you drink water, if yes, how much?		427
3. What other beverages do you drink each day?		427 427.5
4. Do you eat breads, pasta, and grains, if yes, what kind?	☐ White ☐ 100% Whole Wheat ☐ Bran ☐ Other _____	427
5. When selecting and preparing meat, what do you prefer?	☐ Regular ☐ Lean ☐ Extra Lean ☐ Other _____ ☐ I don't eat meat	427 427.5
6. What types of fruit and vegetables do you like to eat?		427 427.5
7. What sweets do you eat and how often?		427
8. What vitamins, minerals or supplements are you taking?	☐ None ☐ Prenatal Vitamin (Amount _____ Frequency _____) ☐ Multivitamin (Amount _____ Frequency _____) ☐ Iron (Amount _____ Frequency _____) ☐ Minerals (Amount _____ Frequency _____) ☐ Herbs (Amount _____ Frequency _____) ☐ Folic Acid (Amount _____ Frequency _____) ☐ Other _____	427.1 427.4

Client ID: _____

Arizona Department of Health Services

WIC
Women Infants & Children

(2-4 Years)

Child Nutrition Questionnaire

Name: _____ Date of Birth: _____		
ENERGY AND NUTRIENTS *(PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)*		**POSSIBLE RISK ASSIGNMENT**
1. What do you think about your child's size?	☐ Too little ☐ Okay ☐ Too big	425
2. How would you describe your child's eating habits?	☐ Okay ☐ Picky ☐ Too much ☐ Not enough	425 / 425.6 / 425.4
3. What are your child's favorite foods that he/she eats regularly?		425
4. What foods does your child dislike?		425
5. How often do you eat family meals with your child?		425
6. How often does your child eat fast food or at a restaurant?		425
FOOD GROUPS *(PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)*		
1. Does your child drink milk, if yes, what kind?	☐ Skim ☐ 1% ☐ 2% ☐ Whole ☐ Lactaid ☐ Soy Milk ☐ Rice Milk ☐ Flavored Milk ☐ Other _____	425 / 425.1 / 425.2 / 425.5
2. Does your child drink water, if yes, how much?		425
3. What other types of beverages does your child drink?		425.1 / 425.2 / 425.5
4. Does your child eat breads, pasta, grains, and cereals, if yes, what kind?	☐ White ☐ 100% Whole Wheat ☐ Bran ☐ Other	425
5. What kind of meat, poultry, or fish does your child eat?	☐ Beef- Regular/Ground ☐ Beef-Lean/Ground ☐ Luncheon Meats ☐ Chicken ☐ Pork ☐ Fish ☐ None ☐ Other _____	425 / 425.5
6. What are your child's favorite sweetened foods and how often does he/ she eat them?		425
7. What types of fruit and vegetables does your child like to eat?		425 / 425.5
8. What vitamins, minerals or supplements does your child take?	☐ None ☐ Multivitamin (Amount _____ Frequency _____) ☐ Iron (Amount _____ Frequency _____) ☐ Minerals (Amount _____ Frequency _____) ☐ Herbs (Amount _____ Frequency _____) ☐ Other _____	425.7
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Arizona Department of Health Services

WIC Women Infants & Children

(0-23 Months)

Infant & Toddler Nutrition Questionnaire

Name: _____

Date of Birth: _____

PRIMARY FEEDING *(PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)*		POSSIBLE RISK ASSIGNMENT	
		INFANT	C1
1. How would you describe feeding time with your infant/toddler?	☐ Always pleasant ☐ Usually pleasant ☐ Sometimes pleasant ☐ Never pleasant	411	425
2. How do you know when your infant/toddler is hungry?		411 411.4 411.7 411.8	425 425.4
3. How do you know when your infant/toddler is full?		411 411.4 411.7 411.8	425 425.4
4. What types of food does your infant/toddler eat?	☐ Baby cereal ☐ Vegetables ☐ Fruits ☐ Meats ☐ Desserts ☐ Other	411	425
COMPLIMENTARY FEEDING *(PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)*			
1. How did you know when your infant/toddler was ready to eat solid food?		411.3 411.4	425.1
2. Do you make your own infant/toddler food, if yes, what foods do you prepare?		411.3 411.5	425.4 425.5
3. How do you prepare your own infant/toddler food?		411 411.5	425 425.5
4. Does your infant/toddler follow a feeding schedule, if yes, please explain.		411.7 411.8	425.6
5. Is your infant/toddler picky with textures, if yes, please explain.		411	425 425.4
6. Does your infant/toddler feed himself/herself?		411.3 411.4	425.4
7. Has your infant/toddler started finger foods, if yes, what types of food?		411.3 411.4 411.5	425.4
8. If your infant/toddler has not started finger foods, when do you plan on introducing them?		411.3 411.4	425.4
9. What else does your infant/toddler drink other than breastmilk or formula?		411 411.5 411.10	425 425.1 425.2
10. What vitamins, minerals or supplements does your infant/toddler take?	☐ None ☐ Multivitamin (Amount _____ Frequency _____) ☐ Iron (Amount _____ Frequency _____) ☐ Minerals (Amount _____ Frequency _____) ☐ Herbs (Amount _____ Frequency _____) ☐ Other _____	411.10	425.7

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